

NEW ENGLAND CHEERLEADERS ASSOCIATION, INC.

Release of Liability for Minor Participants

(Please Read Before Signing)

In consideration of my minor child/ward ("my child") being allowed to participate, in any way, in the NEW ENGLAND CHEERLEADERS ASSOCIATION INC. Overnight and/or Private Camps, Competitions, Tryouts, and/or related activities and events; I, the undersigned, hereby agree that:

1. The risk of injury, to my child, from the activities involved with these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist: and,
2. For myself, my spouse, and child, I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees or others, and assume full responsibility for my child's participation: and,
3. I willingly agree to comply with the rules and conditions, for participation in the New England Cheerleaders Association Inc. Overnight and/or Private Camps. If I observe any unusual, significant concern in my child's readiness for participation in these camps, I will remove my child from participation and bring such to the attention of the nearest staff member immediately: and,
4. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives, and next of kin, hereby release the New England Cheerleaders Association Inc., it's officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the New England Cheerleaders Association Inc. Overnight and/or Private Camps ("Releasees"), with respect to any and all injury, disability, death, or loss or damage to person or property incident to my child's involvement or participation in these camps, whether arising from the negligence of the releasees or otherwise, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, AND FULLY UNDERSTAND ITS TERMS, AS WELL AS UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

PARENT/GUARDIAN SIGNATURE

PRINT NAME

DATE

Understanding of Risk: I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to the rules and regulations, and accept them as a participant.

PARTICIPANT'S SIGNATURE

PRINT NAME

DATE

TEAM NAME: _____ CAMP ATTENDING: _____

EMERGENCY MEDICAL INFORMATION

PLEASE PRINT ALL INFORMATION CLEARLY

PARTICIPANT'S NAME _____ D.O.B. _____ AGE _____

ADDRESS _____
STREET CITY STATE ZIP CODE

TELEPHONE NUMBER () _____

INSURANCE COMPANY _____ POLICY # _____

COMPANY ADDRESS _____ SUBSCRIBER _____

ALLERGIES & MEDICATIONS

PLEASE LIST MAJOR ALLERGIES & MEDICATIONS WE SHOULD BE AWARE OF BELOW

ALERGIES	MEDICATIONS BEING TAKEN
(Example: Bee Stings, Pollen)	(Example: Epi Pen)

EMERGENCY CONTACTS

PLEASE LIST 2 PEOPLE TO CONTACT IN CASE OF EMERGENCY DURING CAMP

1. CONTACT NAME _____ RELATIONSHIP _____

TELEPHONE # _____ WORK # _____

2. CONTACT NAME _____ RELATIONSHIP _____

TELEPHONE # _____ WORK # _____

IN THE EVENT OF AN EMERGENCY, I AUTHORIZE THE NEW ENGLAND CHEERLEADERS ASSOCIATION INC, IT'S OFFICERS, OFFICIALS, AGENTS, AND/OR EMPLOYEES TO OBTAIN MEDICAL ATTENTION FOR MY CHILD. I UNDERSTAND THAT STAFF WILL MAKE EVERY ATTEMPT TO CONTACT ONE OF THE ABOVE PERSON'S IN A NON-EMERGENCY SITUATION.

PARENT/GUARDIAN SIGNATURE: _____

A COPY OF THE ANNUAL PHYSICAL MUST BE SUBMITTED PRIOR TO ATTENDING RESIDENT CAMPS.

